File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A





Des Moines, lowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	ns, see back of form MAY S ummary page	9 PM	4: 14
COMMITTEE NAME (Must b	e same as on Statement of Orga			
Committee to Ele	ct Debra Satern fo	~ Style blower		FORM
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge (4)County Central Committee (of committee you are reporting for: Standing for Retention Candidate (5)		(F	DR-2 Rev. 07/2007) DISCLOSURE REPORT
CANDIDATE COMMITTEES	ONLY:			omm.#
Candidate Name	·	Political Party (if applicable)		canned
_ Debra Sate	ern	Republican	4 1	omputer
Office Sought Towa House		District (if Senate or House)	A.	Leafly.
		rsuant to lowa Code sections 688.324		
SIGNATURE OF PERSON FIL	LING REPORT	TELEPHONE	0 4	DATE SIGNED
AM FILINGA May 19.	2008	REPORT FOR (†) ELECTION	/(2)NON-I	ELECTION YEAR
(re	sport date)	Indicate by a		
CHECK IF AMENDMENT TO	O REPORT DATED		l ocal Com	nittees, enter Date of Election
STATEM	ation) report and attach Notice of o file reports until a DR-3 is filed. ENT OF CASH ON HAND)	County & L which Elect	ocal Committees, enter County in Ion is held
committee. This amo	ning of the reporting period. (Tot ount MUST be the same as the o eriod or must be zero if this is fin	tal of all funds held by the tash on hand at the end st report filed.)	s	£.00
ADD TOTAL MONE	TAKEN IN THIS PERIOD			
Schedule A: Cash C	ontributions total (Attach Schedu	ile A) ("also see in-kind below)		<u>ø</u>
Schedule F: Loans R	Received total (Attach Schedule I	F)	• • • • • • • • • • • • • • • • • • • •	ø
Schedule H: Total Si	ales of Campaign Property (Attac	ch Schedule H)		Ø
<u> (Schedule)</u>	applies to Candidates' Comm	nittees Only)		
		SUB-TOTAL	\$	5.00
	MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)				<u> </u>
Schedule F: Loan Repayments total (Attach Schedule F)				
CASH ON HAND at the end of	this reporting period (if final repo	ort balance must be zero)	\$	5,00
"UNPAID BILLS (From School	lule D - Attach Schedule D)		\$	Ø
		ule E)		11.00
*OUTSTANDING LOANS (FR	om Schedule F - Attach Scheduk	e F)		ø
CONSULTANT BREAKDOWN	(Schedule G Attached?)		-	YES NO
ANDIDATE COMMITTEES O				
		•		
ALUE OF CAMPAIGN PROF	NLY: ERTY (From Schedule H - Attac	ch Schedule H)	\$	g

For instructions, See Back of Form	SCHEDU	LE
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as an Statement of Organization) Committee to Elect Debre Satern for State House		CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDOYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
	ID#	Dobra Satern			
	CK#	Debra Satern 320 W.5th Aug N. Estherville, Ia 5/334	self	\$ 5.00	
	IO#	CB///CB STITLE OF CB			
	CK#				 L
*************************************	ID#				
	CK#				
	ID#				
	CK#				
					
	ID#				
	CK#				L
·	ID#		-		
	CK#				 L
	ID#				<u> </u>
	СК#				 L
*******	1D#			<u> </u>	
	СК#				L
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	\$ 500	
		TOTAL (If last par	ge of this schedule)	55°	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM				SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Debra Sattern for State House					IN-KIND CONTRIBUTIONS
Comm	Hee to Elect Debra Sate				
			CHECK 1	THIS BOX IF NG FORM	
			<u>Editor</u>		
				<u> </u>	
DATE		RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
5-14-08	Debra Satern	Self	1 Ream of paper (computer)	11.00	
					
	· ·				
SUB-TOTAL			\$ 11.00		
			TOTAL (If last page of this	\$ 11.00	
			schedule)		

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule E)